

FORM 2

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

FEB 06 1998
Washington State Department of Ecology
Attn: DW Notifications
P.O. Box 47658
Olympia, WA 98504-7658
(360) 407-6737

97
X

Note: Failure to properly and completely fill out your form may delay processing and/or cause your form to be returned for completion. Associated page number of instructions follows each section.

1. Notification. Please select one of the following choices. (p. 4)

1.a. ☐ New notification OR

If 1.a., complete entire form.

1.b. ☐ Existing RCRA Site ID# WA D 027535277

If 1.b., choose desired action below and fill in effective date.

☐ Revise Notification (complete entire form)

☐ Reactivate Site ID# (complete entire form)

☐ Withdraw Site ID # (skip sections 12 and 13)

☒ Cancel Site ID# (skip sections 12 and 13)

Effective date:

01/10/98
mm dd yy

12-31-97 (SD)

DEPARTMENTAL USE ONLY									
W	A								

2.a. SIC Code: (p.6) 5511 (Primary)

2.b. Type of business conducted at this site: (p.6) AUTOMOTIVE DEALERSHIP

3. Name of site (p.6) LARSON TOYOTA

4. Location of site (p.6)

Street 5629 S. TACOMA WAY

City or Town TACOMA

County PIERCE State WA Zip 98409

5. Site mailing address (p.6)

Street or P.O. Box 7815 S. TACOMA WAY

City TACOMA State WA Zip 98409

6. Site contact (person Ecology should contact for clarification on this form, p. 6)

Name DAVID LOWE

Job Title SAFETY COORDINATOR Phone Number (206) 361-5533

Mailing Address 7815 S. TACOMA WAY

City TACOMA State WA Zip 98409

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 4) WA D 027 535 277

Name of site (same as section 3, p. 6) LARSON TOYOTA

7. Department of Revenue # (p. 6): 601-602-900

8. Site operator (person responsible for dangerous waste activity, p. 6)

Name VACANT Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____

9.a. Site ownership (legal owner of business, p. 7)

Has ownership changed since you last notified or reported? ☐ Yes ☒ No

If Yes, effective date of ownership change: ____/____/____
mm dd yy

Name _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____

9.b. Site ownership type (p. 7)

Please circle the appropriate letter at right which best describes the legal status of the current owner of the business.

F = Federal
I = Tribal Trust
C = County
D = District
S = State
P = Private
M = Municipal
O = Other

10.a. Property ownership (legal owner of this property, p. 7)

Name ED McCarroll Phone Number (253) 472-2300

Mailing Address 7802 S. TACOMA WAY

City TACOMA State WA Zip 98409-3837

10.b. Property type (p. 7)

Please circle the appropriate letter at right which best describes the legal status of the land on which the business is located.

F = Federal
I = Tribal Trust
C = County
D = District
S = State
P = Private
M = Municipal
O = Other

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 4) WA _____

Name of site (same as section 3, p. 6) _____

11. Type of regulated waste activity (Mark "X" in the appropriate boxes, p. 7)

11.a. Dangerous waste activity

1. Generator

- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Frequency

- ☐ a. Monthly
- ☐ b. Batch
- ☐ c. One-time only

3. Transporter (indicate mode in boxes 1-5 below).

- ☐ a. Transport own waste
- ☐ b. Transport for commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other-specify: _____

4. Treater, Storer, Disposer

(at installation). Note: A RCRA Permit is required for this activity.

- ☐ a. For waste generated at this facility
- ☐ b. For waste generated by other facilities

4. (Continued)

Which of the following RCRA permitted activities occur at this facility?

- ☐ 1. Treatment
- ☐ 2. Disposal
- ☐ 3. Storage

5. Dangerous waste fuel

- ☐ a. Generator marketing to burner
- ☐ b. Other marketers
- ☐ c. Boiler and/or industrial furnace
 - ☐ 1. Smelter deferral
 - ☐ 2. Small quantity exemption

Indicate type of combustion device(s):

- ☐ 1. Utility boiler
- ☐ 2. Industrial boiler
- ☐ 3. Industrial furnace

☐ 6. Underground Injection control

☐ 7. Immediate recycler

☐ 8. Permit-by-rule facility

☐ 9. Treatment by generator

11.b. Used oil fuel activities

1. Used oil fuel marketer

- ☐ a. Marketer directs shipment of used oil to off-specification burner
- ☐ b. Marketer who first claims the used oil meets the specifications

2. Used oil burner—indicate type(s) of combustion device(s).

- ☐ a. Utility boiler
- ☐ b. Industrial boiler
- ☐ c. Industrial furnace

3. Used oil transporter—indicate type(s) of activity(ies).

- ☐ a. Transporter
- ☐ b. Transfer facility

4. Used oil processor/re-refiner—indicate type(s) of activity(ies).

- ☐ a. Process
- ☐ b. Re-refine

12.a. Waste descriptions (p. 10)

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 4) WA D 027535277
 Name of site (same as section 3, p. 6) CARSON TOYOTA

12.b. Waste Codes: (p.10)

1. Characteristics (WAC 173-303-090): Identify (circle or fill in) those codes that best describe your waste(s).

D001 Ignitable	D002 Corrosive	D003 Reactive	TCLP _____
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2. Listed (WAC 173-303-9903): Fill in those codes that best describe your waste(s).

3. State-only (WAC 173-303-100, -180, and 9904): Circle those codes that best describe your waste(s).

WT01 WT02 Toxic	WP01 WP02 WP03 Persistent	WC02 Carcinogenic	WL01 WL02 Labpack	W001 PCB	W002 Recycled antifreeze
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13. Comments (p. 11)

14. Notification checklist (p. 11)

- ☒ Did you sign and date notification form?
- ☒ Did you keep a copy for your files?
- ☒ Did you complete the correct sections of this notification form to fit your situation? (See section 1—Notification).
- ☒ If you are canceling or withdrawing your RCRA Site ID number, you are responsible for annual reports up to the date your regulated dangerous waste activities ended. Did you submit your completed annual report with this request for cancellation or withdraw?

15. Certification (p. 11)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature:

Name and official title (type or print):

Date signed:

X Frank McLanley

X Frank McLanley, SRV. MGR

X 2-4-98

U.S. ENVIRONMENTAL PROTECTION AGENCY

ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

THIS IS TO ACKNOWLEDGE THAT YOU HAVE FILED A NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FOR THE INSTALLATION LOCATED AT THE ADDRESS SHOWN BELOW TO COMPLY WITH SECTION 3010 OF THE RESOURCE CONSERVATION AND RECOVERY ACT (RCRA). YOUR EPA IDENTIFICATION NUMBER MUST BE INCLUDED ON ALL SHIPPING MANIFESTS FOR TRANSPORTING HAZARDOUS WASTES; ON ALL ANNUAL REPORTS THAT GENERATORS OF HAZARDOUS WASTE, AND OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES MUST FILE WITH THE EPA; ON ALL APPLICATIONS FOR A FEDERAL HAZARDOUS WASTE PERMIT; AND ON ALL OTHER HAZARDOUS WASTE MANAGEMENT REPORTS AND DOCUMENTS REQUIRED UNDER SUBTITLE C OF RCRA.

EPA I.D. NUMBER ==> WAD027535277

MAILING ADDRESS ==> LARSONS TOYOTA
5629 S TACOMA WAY
TACOMA WA 98409

INSTALLATION ADDRESS ==> 5629 S TACOMA WAY
TACOMA WA 98409

03/07/96

FEB 16 1996

FORM 2 NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

59 FEB 20 1996

Washington State Department of Ecology
Attn: DW Notifications
P.O. Box 47658
Olympia, WA 98504-7658
(360) 407-6737

95
X

Note: Failure to properly and completely fill out your form may delay processing and/or cause your form to be returned for completion. Associated page number of instructions follows each section.

3, 6, 8, 9, 10

1. Notification. Please select one of the following choices. (p. 4)

1.a. ☐ New notification **OR**

If 1.a., complete entire form.

1.b. ☐ Existing RCRA Site ID# WA D027535277

If 1.b., choose desired action below and fill in effective date.

DEPARTMENTAL USE ONLY									
W	A								

☒ Revise Notification (complete entire form)

☐ Reactivate Site ID# (complete entire form)

☐ Withdraw Site ID # (skip sections 12 and 13)

☐ Cancel Site ID# (skip sections 12 and 13)

Effective date: 07/13/95
mm dd yy

2.a. SIC Code: (p.6) 5511 (Primary) 7538

2.b. Type of business conducted at this site: (p.6) NEW CAR SALES - General
Automotive Repair

3. Name of site (p. 6) LARSON'S TOYOTA

4. Location of site (p. 6)

Street 5629 S. TACOMA WAY

City or Town TACOMA, WA. 98409

County PIERCE State WA Zip 98409

RECEIVED
FEB 22 1996

OFFICE OF WASTE
& CHEM. MGMT.

5. Site mailing address (p. 6)

Street or P.O. Box 5629 S. TACOMA WAY

City TACOMA State WA Zip 98409

6. Site contact (person Ecology should contact for clarification on this form, p. 6)

Name Lenny Distafano OR DAVID LOWE (Safety Officer)

Job Title SVC. DIRECTOR Phone Number (206) 475-4816

Mailing Address 5692 S. TACOMA WAY

City TACOMA State WA Zip 98409

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 4) WA D 0 2 7 5 3 5 2 7 7

Name of site (same as section 3, p. 6) LARSON'S TOYOTA

7. Department of Revenue # (p. 6): 601-602-900

8. Site operator (person responsible for dangerous waste activity, p. 6)

Name CORKY MORROW Phone Number (206) 475-4816

Mailing Address 5629 S. TACOMA WAY

City TACOMA State WA. Zip 98409

9.a. Site ownership (legal owner of business, p. 7)

Has ownership changed since you last notified or reported? ☒ Yes ☐ No

If Yes, effective date of ownership change: 03/20/95
mm dd yy

Name ROBERT LARSON GROUP, INC. Phone Number (206) 475-4816

Mailing Address 5629 S. TACOMA WAY

City TACOMA State WA Zip 98409

9.b. Site ownership type (p. 7)

Please circle the appropriate letter at right which best describes the legal status of the current owner of the business.

F = Federal S = State
I = Tribal Trust P = Private
C = County M = Municipal
D = District O = Other

10.a. Property ownership (legal owner of this property, p. 7)

Name ED MCCARROLL Phone Number (206) 472-2300

Mailing Address 7802 SO. TACOMA WAY

City TACOMA State WA. Zip 98409

10.b. Property type (p. 7)

Please circle the appropriate letter at right which best describes the legal status of the land on which the business is located.

F = Federal S = State
I = Tribal Trust P = Private
C = County M = Municipal
D = District O = Other

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 4) WA D027535277

Name of site (same as section 3, p. 6) CARSON'S TOYOTA

11. Type of regulated waste activity (Mark "X" in the appropriate boxes, p. 7)

11.a. Dangerous waste activity

1. Generator

- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Frequency

- ☐ a. Monthly
- ☐ b. Batch
- ☐ c. One-time only

3. Transporter (indicate mode in boxes 1-5 below).

- ☐ a. Transport own waste
- ☐ b. Transport for commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other-specify: _____

4. Treater, Storer, Disposer

(at installation). Note: A RCRA Permit is required for this activity.

- ☐ a. For waste generated at this facility
- ☐ b. For waste generated by other facilities

4. (Continued)

Which of the following RCRA permitted activities occur at this facility?

- ☐ 1. Treatment
- ☐ 2. Disposal
- ☐ 3. Storage

5. Dangerous waste fuel

- ☐ a. Generator marketing to burner
- ☐ b. Other marketers
- ☐ c. Boiler and/or industrial furnace
- ☐ 1. Smelter deferral
- ☐ 2. Small quantity exemption

Indicate type of combustion device(s):

- ☐ 1. Utility boiler
- ☐ 2. Industrial boiler
- ☐ 3. Industrial furnace

☐ 6. Underground Injection control

☐ 7. Immediate recycler

☐ 8. Permit-by-rule facility

☐ 9. Treatment by generator

11.b. Used oil fuel activities

1. Used oil fuel marketer

- ☐ a. Marketer directs shipment of used oil to off-specification burner
- ☐ b. Marketer who first claims the used oil meets the specifications

2. Used oil burner—indicate type(s) of combustion device(s).

- ☐ a. Utility boiler
- ☐ b. Industrial boiler
- ☐ c. Industrial furnace

3. Used oil transporter—indicate type(s) of activity(ies).

- ☐ a. Transporter
- ☐ b. Transfer facility

4. Used oil processor/re-refiner—indicate type(s) of activity(ies).

- ☐ a. Process
- ☐ b. Re-refine

12.a. Waste descriptions (p. 10)

PARTS WASHER SOLVENT, ANTI-FREEZE,

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 4) WA D027535272

Name of site (same as section 3, p. 6) _____

CARSON'S TOYOTA

12.b. Waste Codes: (p.10)

1. Characteristics (WAC 173-303-090): Identify (circle or fill in) those codes that best describe your waste(s).

<input checked="" type="checkbox"/> D001 Ignitable	<input type="checkbox"/> D002 Corrosive	<input type="checkbox"/> D003 Reactive	TCLP _____
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2. Listed (WAC 173-303-9903): Fill in those codes that best describe your waste(s).

D039

3. State-only (WAC 173-303-100, -180, and 9904): Circle those codes that best describe your waste(s).

<input checked="" type="checkbox"/> WT01 Toxic	<input checked="" type="checkbox"/> WP01 Persistent	<input checked="" type="checkbox"/> WC02 Carcinogenic	<input type="checkbox"/> WL01 Labpack	<input type="checkbox"/> W001 PCB	<input checked="" type="checkbox"/> W002 Recycled antifreeze
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13. Comments (p. 11)

NOTE SECTIONS : 3, 6, 8, 9a, 9b, 10a, 10b

NAME AND OWNER HAS CHANGED.
EPA # TO REMAIN THE SAME.

NOTE SECTION 9.6 : Corporation

Formerly: MCCARROLL MOTOR CO

2

14. Notification checklist (p. 11)

- ☒ Did you sign and date notification form?
- ☒ Did you keep a copy for your files?
- ☒ Did you complete the correct sections of this notification form to fit your situation? (See section 1—Notification).
- ☒ If you are canceling or withdrawing your RCRA Site ID number, you are responsible for annual reports up to the date your regulated dangerous waste activities ended. Did you submit your completed annual report with this request for cancellation or withdraw?

15. Certification (p. 11)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature:

Name and official title (type or print):

Date signed:

Lois Morrow

Service Mgr

2-14-96

U.S. ENVIRONMENTAL PROTECTION AGENCY

ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

THIS IS TO ACKNOWLEDGE THAT YOU HAVE FILED A NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FOR THE INSTALLATION LOCATED AT THE ADDRESS SHOWN BELOW TO COMPLY WITH SECTION 3010 OF THE RESOURCE CONSERVATION AND RECOVERY ACT (RCRA). YOUR EPA IDENTIFICATION NUMBER MUST BE INCLUDED ON ALL SHIPPING MANIFESTS FOR TRANSPORTING HAZARDOUS WASTES; ON ALL ANNUAL REPORTS THAT GENERATORS OF HAZARDOUS WASTE, AND OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES MUST FILE WITH THE EPA; ON ALL APPLICATIONS FOR A FEDERAL HAZARDOUS WASTE PERMIT; AND ON ALL OTHER HAZARDOUS WASTE MANAGEMENT REPORTS AND DOCUMENTS REQUIRED UNDER SUBTITLE C OF RCRA.

EPA I.D. NUMBER ==> WAD027535277

MAILING ADDRESS ==> MCCARROLL MOTOR CO
5629 S TACOMA WAY
TACOMA WA 98409

INSTALLATION ADDRESS ==> 5629 S TACOMA WAY
TACOMA WA 98409

08/02/91



WASHINGTON STATE
DEPARTMENT OF ECOLOGY

Attn: DW Notifications
M/S PV-11
Olympia, WA 98504-8734
(206) 459-6387

JUL 05 1991

DEPARTMENTAL USE ONLY

INIT. DATE
REVIEW *jm* 7 8 91 *SRC*
JUN 18 1991
LOG 7 5 91
G/WAC

FORM 2

NO 90 F-4

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

1. ☒ **A. FIRST NOTIFICATION** 12/7/90
(No previous application has been made for this site.)
- ☐ **C. WITHDRAW SITE I.D. NO. DATE** _____
(Complete Sections 1F, 2A, 3, 4-7 & 12. Enter existing I.D. No. in Part 1F.)
- ☐ **E. CANCEL SITE I.D. NO. DATE** _____
(Site closed—no longer own or conduct business at this site.
Complete Sections 1F, 2A, 3, 4-7 & 12. Enter existing I.D. No. in 1F.)
- ☒ **B. REVISED NOTIFICATION** DATE 12/7/90
(Enter existing site I.D. No. in Part 1F. List sections you revised.)
- ☐ **D. REACTIVATE SITE I.D. NO. DATE** _____
(Complete all sections of the form.
Enter previously assigned I.D. No. in Part 1F.)
- ☒ **F. EXISTING I.D. NO.** WAD 027535-277
(Complete for items 1B, C, D & E only)

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER		2.B. SIC CODE(S)	
001-280-875		PRIMARY	SECONDARY OTHER
7538			
2.C. TYPE OF BUSINESS CONDUCTED AT THIS SITE			
3. NAME OF INSTALLATION			
MCCARROLL MOTOR COMPANY			
4. LOCATION OF INSTALLATION			
Street			
5629 S. TACOMA WAY			
County Name			
PIERCE			
City or Town		State	ZIP Code
TACOMA		WA	98409
5. INSTALLATION MAILING ADDRESS			
Street or P.O. Box			
SAME AS ABOVE			
City or Town		State	ZIP Code
6.A. INSTALLATION CONTACT			
Name (last)		(first)	
DISTEFANO		LENI	
Job Title		Phone Number	
SVC MGR		206-475-4812	
6.B. INSTALLATION CONTACT MAILING ADDRESS (see instructions)			
BOX 1 <input checked="" type="checkbox"/> BOX 2 <input type="checkbox"/>			
Street or P.O. Box			
City or Town		State	ZIP Code
7.A. NAME OF INSTALLATION'S LEGAL OWNER			
ED MCCARROLL			
Street, P.O. Box, or Route Number			
5629 S. TACOMA WAY			
City or Town		State	ZIP Code
TACOMA		WA	98409
7.B. PROPERTY OWNERSHIP (If ownership is different than 7.A. provide address in section 11.)			
SAME			
7.C. OWNER TYPE		7.D. PROPERTY TYPE	
P		P	

NAME OF INSTALLATION McCabe Motor Co.
(Same as item No. 3)

EPA I.D. NO. WA027535271

8. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 8.A., 8.B., or 8.C. below that may apply).

8.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

- ☒ 1. GENERATOR ☐ 1a. Conduct on-site recycling
- ☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other
(Specify in comments)
- ☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.
3b. Process conducted or available at this facility;
(1) ☐ Treatment (2) ☐ Storage (>90 days) (3) ☐ Disposal
(4) ☐ Other (specify in comments).
3c. Current Part A ____/____/____
Part B Process ☐ Yes ☐ No
- ☐ 4. IMMEDIATE RECYCLER
- ☐ 5. PERMIT-BY-RULE FACILITY
- ☐ 6. MARKET OR BURN DANGEROUS WASTE FUELS— 6a. ☐ Generator Marketing to Burner 6b. ☐ Other Marketer
6c. ☐ Burner. (COMPLETE 8c.—TYPE OF COMBUSTION DEVICE)

8.B. USED-OIL FUEL ACTIVITIES.

- ☐ 1. OFF-SPECIFICATION USED-OIL FUELS-1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 8c.)
- ☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

8.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1. ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

9. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streams—other information (sections 8 and 10-12) not needed on continuation sheets)

A. NUMBER	B. DESCRIPTION OF WASTE(S)	C. DANGEROUS WASTE NUMBER (Refer to WAC 173-303)	D. ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	E. W C O D E
1.	(Ethylene Glycol, Benzene) ANTI-FREEZE	2018 WTC2 DOO1	3069	P
2.	Mineral Spirits waste oil Petroleum SOLVENT	WTC2 DOO1	592	P

10. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch. In 10.D. indicate maximum to be accumulated on-site prior to shipment.

- 10.A. ☐ (Batch Frequency _____) QUANTITY WEIGHT
10.B. ☐ PER MONTH QUANTITY WEIGHT
10.C. ☐ ONE-TIME-ONLY QUANTITY WEIGHT
10.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT QUANTITY WEIGHT

11. COMMENTS

gen stat = 2, formerly Doxon Motors

12. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE NAME AND OFFICIAL TITLE (type or print) DATE SIGNED

LEN. S. DISTOFANO SVC MGR 5-2-91



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

WAD027535277

DOXON MOTORS
5629 S TACOMA WAY
TACOMA

WA 98409

INSTALLATION ADDRESS

5629 S TACOMA WAY
TACOMA

WA 98409

EPA

ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(EPA FORM 351-1)

It is acknowledged that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 301 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes on all August Reports that generators of hazardous wastes and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA on all applications for a Federal Hazardous Waste Permit, and other hazardous waste management reports and documents required under subtitle C of RCRA.

NAME OF FACILITY
[Redacted]

NAU0075277

STATE NUMBER

95400

NA

6-7502-2 TACOMA WY

TACOMA

INSTALLATION NUMBER

06/10/88

EPA FORM 351-1 (4-80)

509

FORM 2

DATE IN TO DEPARTMENT

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504-8711
(206) 459-6314/6305/6306

Init: RD Date: 5/13/86 Region: 5
EPA: _____ Date: _____ Copy: _____
Input: _____ Update: _____ Ack: _____
DEPARTMENT USE ONLY

I. EPA/STATE Hazardous Waste I.D.#

W A 0027535277

II. Waste Designated By:

☒ RCRA/State ☒ SQ
☐ State Only
☐ Non-Regulated/Non-Handler/Protective Filing

III. Exemption Status:

☐ RCRA Exempt Recycler
☐ State Exempt Recycler
☐ Below QEL
☐ Other _____

IV. Handling

☐ Emergency
☐ Remedial Action
☐ One-Time-Only
☐ Other _____

DEPARTMENT USE ONLY

1. ☒ A. FIRST NOTIFICATION☐ B. REVISED NOTIFICATION
(enter current I.D.# in upper left)

MO. DAY YR.

revisions effective: _____/_____/_____

☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)☐ E. SITE CLOSED (We are no longer conducting business at this location and want our I.D. No. cancelled)2.A. WASHINGTON STATE DEPARTMENT OF
REVENUE REGISTRATION (TAX) NUMBER0278-460-82

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

7531 7538

3. NAME OF COMPANY

DOXON MOTORS

RECEIVED
MAY 05 1986
TECHNICAL OPERATIONS SECTION

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

5629 So Tacoma Way

CITY OR TOWN

TACOMA

STATE

ZIP CODE

WA 98409-

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

Spill

CITY OR TOWN

6. COUNTY WHERE THIS
INSTALLATION IS LOCATEDPIERCE

STATE

ZIP CODE

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATORB. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)(1) ☐ We Transport Waste For Hire

(2) Modes of Transport YOU Operate

(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL(d) ☐ WATER (e) ☐ OTHER _____C. ☐ WASTE MANAGEMENT
FACILITY (TSD)(refer to definitions
in instructions)(1) ☐ TREATMENT(2) ☐ STORAGE(3) ☐ DISPOSAL(4) ☐ WE ACCEPT
OFF-SITE WASTESD. ☐ UNDERGROUND
INJECTION

8. CONTACT PERSON

NAME (last)

(first)

BERGSTROM KURT

TITLE

MANAGER

PHONE NO. (area code & number)

206-475-4816

9A. OWNERSHIP (Legal Owner(s) of this Company)

Ken Myron & Gary Doxon

9B. OWNERSHIP (Legal Owner(s) of site (Property))

Sam a s a b o v e

10. TYPE OF OWNERSHIP

(enter letter code in box)

P

11. WASTE IDENTIFICATION

A. NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. WEIGHT CODE
1	TOXIC FLAMABLE SOLVENT + PAINT	D001 F003 F005	1500	P
2				
3				
4				
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch.

A. <input checked="" type="checkbox"/> Batch Frequency <u>3 MO</u>	QUANTITY 475	WEIGHT P	B. <input checked="" type="checkbox"/> PER MONTH	QUANTITY 118	WEIGHT P
	CODE			CODE	

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

A. <input type="checkbox"/> NOTIFICATION FORM	B. <input type="checkbox"/> PART A PERMIT FORM FOR TSD FACILITIES
C. <input type="checkbox"/> BIOLOGICAL TEST PROCED.	D. <input type="checkbox"/> GENERATOR ANNUAL REPORT FORM
E. <input type="checkbox"/> CHEMICAL TEST PROCED.	F. <input type="checkbox"/> TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G. <input type="checkbox"/> DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)	
H. <input type="checkbox"/> DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)	
I. <input type="checkbox"/> OTHER (specify) _____	

15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <u>Kurt Bergstrom</u>	OFFICIAL TITLE (Print) MANAGER	DATE SIGNED: 3/20/86
PRINTED NAME: KURT BERGSTROM		